

Volunteer Application & Service Agreement

| Name (Last, First, Middle) | | | | | |
|---|-------------------------------------|---------|---------------------------|--|--|
| Mailing Address: Street / P.O. | O.Box | | | | |
| City | State | Zip | Date of Birth | | |
| City Telephone: (Home) | | (Work) | | | |
| Please specify any physical limitations that may influence your volunteer work: | | | | | |
| | | | | | |
| Agreement by Volunteer | | | | | |
| I offer and agree to volunteer my services without compensation in wages to assist the Idaho Department of Fish and Game (IDFG) in accordance with the following understandings: | | | | | |
| Although this volunteer service will not confer on me the status of a State employee while acting within the scope of this Agreement, I will be deemed to be as if I were a State employee for purposes of the following: | | | | | |
| State Tort Claims Act, which protects a State employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties, and; | | | | | |
| State Workers' Compensation Act, which authorizes compensation for work-related injury. | | | | | |
| • I am at least 18 years old (or if I am less than 18, my parent or guardian consents to this Agreement by signature below). | | | | | |
| • I understand that Volunteer projects will frequently be out of doors and that I will need to be in a physical condition adequate for normal outdoor physical activities. I will notify the Volunteer Coordinator of any significant change in my ability to do outdoor work. If special skills are required for a project, I will be trained therein before being assigned to that project. | | | | | |
| If I or my minor daughter/son drive my personal vehicle to and from a volunteer project, I certify that the vehicle is properly insured as required by Idaho state law. | | | | | |
| Signature of Volunteer | | Date | | | |
| | ignature of Parent or Gaurdian Date | | | | |
| Name (print) | | | Relationship to Volunteer | | |
| Person to Notify in an Emer | rson to Notify in an Emergency | | | | |
| | | | State | | |
| Telephone: (Home) | | _(Work) | | | |
| Comments: | | | | | |
| Special Skills: | | | | | |